SYRACUSE CITY SCHOOL DISTRICT

Anthony Q. Davis, Superintendent of Schools

Office of Human Resources

Scott Persampieri, Chief Human Resources Officer

SECOND STEP BENEFIT APPEAL FORM

INSTRUCTIONS:

This form is to be used ONLY if you have previously submitted an appeal and have received a denial and wish to appeal the decision to the Syracuse City School District.

1. All appeals must be received within 60 days from the date you received your First Step decision or denial.
2. Please complete and sign the Appeal Form below.
3. Make a copy of all appeal documentation, including previously submitted physician statement(s), for your records prior to sending the appeal to the appropriate address.

Send all second step appeals to:

Syracuse City School District
Office of Human Resources
Attn: Benefit Appeals
725 Harrison St
Syracuse, NY 13210

Type of Claim *(select one)*: **Health** **Dental** **Prescription**

Employee Name	
Emp ID/Member ID	
Patient Name	
Doctor/Provider Name	
Date(s) of Service	
Claim Number	

Is additional documentation attached? *(select one)* **Yes** **No**

Reason For Your Appeal *(please attach separate sheet, if necessary)*:

Print/Type Name

Signature of Patient/Authorized Person

If not patient, state relationship to patient.

Date